

2007

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90350 012 \*\*\*\*50.00

|   |
|---|
| <b>DOCUMENT #</b> L06000051439                        |
| <b>1. Entity Name</b><br>Turtle Walk Investments, LLC |

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>3900 N.E. 1st Ave.<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>3900 N.E. 1st Ave.<br>Suite, Apt. #, etc. |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|                                      |                                      |  |                                       |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <b>City &amp; State</b><br>Miami, FL | <b>City &amp; State</b><br>Miami, FL | <b>4. FEI Number</b><br>74-3179668                               | <b>Applied For</b><br>Not Applicable  |
| <b>Zip</b><br>33137-3608             | <b>Country</b>                       | <b>Zip</b><br>33137-3608   | <b>Country</b>                        |
|                                      |                                      | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

|   |
|---|
| <b>Name</b><br>Santamarina, Raul  |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>9411 S.W. 55th St. |
| <b>City</b><br>Miami  |
| <b>FL</b> <b>Zip Code</b><br>33165  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>Santamarina, Raul<br>9411 S.W. 55th St.<br>Miami, FL 33165  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>Santamarina, Maria<br>9411 S.W. 55th St.<br>Miami, FL 33165 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:***Raul Santamarina*

Raul Santamarina

4-7-07

305-576-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)